

AMI BERA, M.D.  
7<sup>TH</sup> DISTRICT, CALIFORNIA

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Congress of the United States  
House of Representatives

WASHINGTON OFFICE  
1535 LONGWORTH BUILDING  
WASHINGTON, DC 20515  
PHONE: (202) 225-5716  
FAX: (202) 226-1298

DISTRICT OFFICE  
8950 CAL CENTER DRIVE  
BUILDING 3, SUITE 100  
SACRAMENTO 95826  
PHONE: (916) 635-0505  
FAX: (916) 635-0514

HTTP://BERA.HOUSE.GOV  
AMI.BERA@MAIL.HOUSE.GOV

## Service Academy Nomination Application Checklist

Applicant Name: \_\_\_\_\_

Checklist	Applicant Initials	Staff Initials (Office Use Only)
Resume		
Picture (Name on Reverse Side)		
Complete Application Form		
Current Professional Resume		
Essay (500 words)		
Transcript(s)		
Test Score(s) ACT or SAT		
Letter of Recommendation		
Letter of Recommendation		
Letter of Recommendation		

Full Name (Last, First Middle): \_\_\_\_\_

7<sup>th</sup> Congressional District Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

Please circle the number indicating your first, second, third and fourth choice. Do not rank if you would not consider the Service Academy. Please indicate whether or not you have started an application.

U.S. Military Academy: 1 2 3 4 Started an application: Yes No	U.S. Naval Academy: 1 2 3 4 Started an application: Yes No
U.S. Air Force Academy: 1 2 3 4 Started an application: Yes No	U.S. Merchant Marine Academy: 1 2 3 4 Started an application: Yes No